

## **APPENDIX B**

### **NONPHYSICIAN HEALTH CARE PROVIDERS IN OCCUPATIONAL HEALTH**

#### **References**

CHBUMED ltr 6300 Ser 24/0087 of 5 Jun 90. *Nonphysician Occupational health Providers.*

20 CFR 10. *Federal Employees' Compensation Act.*

29 Code of Federal Regulations (CFR) 1910 series.

49 CFR 391.43. *Federal Motor Carrier Safety Regulations.*

NAVMEDCOMINST 6550.5A. *Guidelines for the Use of Physician Assistants.* 21 April 89.

NAVMED P-117. *Manual of the Medical Department.*

NAVMED P-5055. *Radiation Health Protection Manual.* 1992

OPNAVINST 5100.19 series. *Navy Occupational Safety and Health (NAVOSH) Program Manual for Forces Afloat.*

OPNAVINST 6400.1A. *Certification, Training, and Use of Independent Duty Hospital Corpsmen (IDCs).* 11 Feb 93.

*Standards of Occupational Health Nursing Practice.* AAOHN, 1994.

#### **Introduction**

The use of nonphysician health care providers in the delivery of occupational health (OH) services is affected by numerous federal and state regulations, Navy instructions, state professional licensing standards, and professional practice guidelines. In simplest terms, all medical treatment and all medical examinations are to be performed by or under the supervision of physicians. Specific OH program requirements are actually much more complicated and in many cases incompletely defined. OH clinics and other medical departments providing OH services are strongly encouraged to consult with NAVENVIRHLTHCEN when questions arise regarding the use of nonphysician health care providers.

#### **Medical Surveillance Examinations**

Navy instructions do not specifically address the use of nonphysician providers for medical surveillance examinations, i.e. those examinations in the medical surveillance section of the Medical Matrix. Occupational Safety and Health Administration standards generally only require these examinations to be performed

"by or under the supervision of physicians". In general, these examinations will be performed by physicians, and credentialed nonphysician providers, i.e. physicians' assistants (PAs) or nurse practitioners (NPs). NAVMEDCOMINST 6550.5A requires that all SF-93s and SF-88s prepared by a PA must be reviewed and countersigned by a physician. BUMEDINST 6550.10 states that orders written on patient medical records by NPs do not require cosigning by physicians, but makes no statements on any requirements for signatures on medical surveillance and certification examinations. The Manual of Medicine, article 16-15, covers situations not addressed by specific instructions. It states that local medical treatment facilities must establish policies to determine what forms, reports or orders attending physicians must sign.

The ability to use OH nurses (OHNs) and independent duty hospital corpsmen (IDCs) to perform medical surveillance and certification evaluations is less clear. The Manual of the Medical Department authorizes credentialed providers to perform physical examinations. OPNAVINST 6400.1A does not include "physical examinations" in the scope of care or performance skills for IDCs. "Medical surveillance programs" is included in the performance skills sections for IDCs, but is not defined. Some medical surveillance and certification evaluations require minimal assessment without the need for a complete physical examination. Under these circumstances and when local protocols are established and reviewed/updated periodically, OHNs and IDCs can provide the necessary assessment with referral to the physician for all abnormal findings. Prudence dictates that medical surveillance and certification evaluations be performed by OHNs and IDCs only when appropriate protocols are in place, including physician oversight.

### **Certification Examinations**

Although greater guidance is available on the use of nonphysician providers for performance of certification examinations, there is tremendous variability depending on the specific program.

**Drivers.** The Federal Motor Carrier Safety Regulations require that examinations for covered drivers be performed only by physicians.

**Communicable Disease Prevention.** Certification evaluations primarily directed at prevention of communicable diseases, such as food handlers and child care workers, are typically performed by physician extenders, including OHNs, IDCs, preventive medicine technicians (PMTs) and other public health practitioners, with referral to physicians as necessary.

**Special Duty.** The Manual of the Medical Department, article 15-63 requires that all initial medical examinations for special duty (includes explosive handlers and explosive vehicle operators) must be performed by physicians, but PAs or NPs may perform special duty examinations when a medical officer or Department of Defense

physician is not available or examination workload necessitates. In such cases, the examination must be countersigned (block 80 of SF-88) by a physician.

**Respirator Users.** OPNAVINST 5100.19 series allows afloat medical department representatives to perform initial screening and qualification of respirator users based on a medical history, with referral to a physician when positive responses are provided on the history. CHBUMED letter 6300 Ser 24/0087 of 5 Jun 90 authorized nonphysician providers, including OHNs and IDCs, to perform respirator qualifications under physician supervision. If the worker is cleared to use respirators without restrictions, a physician's signature is not required. Medical evaluation reports that restrict or do not permit respirator use should be signed by a physician, except in shipboard situations when the physician supervisor is not available. State nursing license standards, as well as the training and experience of individual OHNs, may affect their being able to perform these evaluations.

### **Medical Treatment**

Medical treatment provided in OH clinics should be handled similarly to other clinical departments in the medical treatment facility. The scope of injury and illness care provided by OHNs will be determined by the training and experience of the nurse, state nursing licensing standards, and facility quality improvement (QI) and credentialing/privileging instructions. In addition, the Federal Employees Compensation Act requires that injury care provided by PAs or NPs be countersigned by a physician.